S. No. 300
10.48

0540

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27398

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL FREEDOM
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HICKMAN MILLS, MO
d. STREET ADDRESS (If rural, give location): 8629 GREENWOOD 0480

3. NAME OF DECEASED (Type or Print)
a. (First): J.
b. (Middle): MARVIN
c. (Last): SHAW

4. DATE OF DEATH (Month) (Day) (Year): AUG 22 1950

5. SEX: MALE D
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUGUST 27, 1908
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 11, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRUGGEST
10b. KIND OF BUSINESS OR INDUSTRY: DRUGS
11. BIRTHPLACE (State or foreign country): MILAN MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN S. SHAW
13b. MOTHER'S MAIDEN NAME: ANNIE HUNT
14. NAME OF HUSBAND OR WIFE: LORA LEE SHAW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 441-01-5903
17. INFORMANT'S SIGNATURE OR NAME: H. P. BICKLEY — ADDRESS: GRANDVIEW, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Rupture of the aorta	Immediate
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	and multiple injuries	E8166
DUE TO (c)	due to auto accident	26
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	None	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 054
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Freedom Township, Lafayette, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 22 1950 8 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Result of auto accident (OMVeh)

22. *I hereby certify that I attended the deceased from* none, 19__, *to* none, 19__, *that I last saw the deceased alive on* dead on arrival, 19__, *and that death occurred at* 8:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H S Brady, M.D. (acting for coroner) 5
23b. ADDRESS: Concordia, Missouri
23c. DATE SIGNED: 8/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: AUG 23, 1950
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: Aug. 23-1950
REGISTRAR'S SIGNATURE: Clayton W. Landrum 154 0
25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James — ADDRESS: Concordia, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8/29/57
DISTRICT HEALTH OFFICE No. 3
District File Number .....
Date Filed 8/29/57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....,

working under my personal supervision. This Body Will be Embalmed by Quinn & Tobin Funeral Home Kansas City.

Student ..... Signed .....
Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.